

Immunization Newsletter

North Dakota Department of Health

Division of Disease Control

Spring 2004

Prevnar® Shortage

Due to a shortage of Prevnar® (pneumococcal conjugate vaccine), the Centers for Disease Control and Prevention, the Advisory Committee for Immunization Practices, the American Academy of Pediatrics and the American Academy of Family Practice have recommended that all health-care providers discontinue administration of the third and fourth doses of Prevnar® to all healthy children. Health-care providers should move to a two-dose series of one dose at ages 2 months and 4 months.

Providers should continue to administer four doses to children at increased risk of severe disease. The following conditions are considered medically high risk for pneumococcal disease:

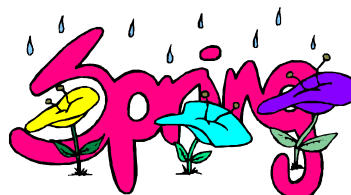
- Cochlear implants
- Chronic medical conditions
- Solid organ transplants
- Sickle cell disease
- Anatomic asplenia
- Cerebrospinal fluid leak
- Immunocompromising conditions

The North Dakota Department of Health (NDDoH) Immunization Program encourages providers to maintain a list of children for whom the vaccine has been deferred so that missed doses can be age-

appropriately administered when the supply situation improves. The Immunization Program also requests that providers limit orders for Prevnar® to no more than a 30-day supply. If the order is not completely filled due to the shortage, please submit another order at a later date, as the NDDoH will not be filling backorders.

Please continue to send doses administered and inventory reports to the Immunization Program monthly so that the amount of Prevnar® in the state can be monitored. Also, please notify the NDDoH at 701.328.3386 or toll-free at 800.472.2180 if your clinic or local public health unit has no Prevnar® in its inventory.

It is unknown at this time how long the Prevnar® shortage will last. The NDDoH will notify providers as soon as supplies have returned to normal. Please visit the National Immunization Program website at www.cdc.gov/nip/news/shortages/default.htm for more information about the Prevnar® shortage.



Hospitalization Due to Chickenpox

A 3-year-old North Dakota child was hospitalized in January for complications due to varicella (chickenpox) disease. The child was hospitalized for five days with cellulitis. The child also had a fever for four days that was as high as 105.1 degrees F. The child had no underlying medical conditions and was never vaccinated with varicella vaccine.

This case highlights the importance of varicella vaccination. Chickenpox can be a serious disease. Parents are more likely to have their child immunized if their child's physician recommends it. **All children, regardless of age, should be screened for susceptibility to chickenpox disease and vaccinated appropriately. Please promote varicella vaccination.**

***Reminder:** As of Jan. 1, 2004, varicella vaccine is required for children attending early childhood facilities. It also is required for school entry for the 2004-2005 school year.

Vaccine Wastage

In 2003, North Dakota Prevention Partnership Providers reported 4,287 doses of vaccine wasted due to improper storage and handling. The amount lost to vaccine wastage was \$80,921.43. Improper storage and handling of varicella vaccine alone cost \$24,420.32.

In order to prevent vaccine wastage, it is necessary to maintain proper cold chain procedures. All vaccines, except for varicella vaccine, should be stored at 35 to 46 degrees F. Varicella vaccine should be stored at temperatures below 5 degrees F. **Refrigerator and freezer temperatures should be checked twice a day.**

Please continue to report vaccine wastage to the North Dakota Department of Health.



Adjusting Inventories in the North Dakota Immunization Information System (NDIIS)

The Prevention Partnership Program requires all providers to submit an inventory report and a doses administered report once a month. Inventory reports may be obtained from the NDIIS. If your inventory report is inaccurate, it should be adjusted.

Directions for running an inventory report:

- Go to the *Reports Icon* (pie graph).
- Select *New Requests*.
- Select *Provider Inventory Report* from the drop-down box.
- Select the provider identification number from the drop-down box.
- Select *Run Now*.

Directions for adjusting inventories:

- Select *Provider Search*.
- Select your provider number.
- Select *Lot Distribution*.
- In the *Type* drop-down box, select *Adjust*.
- In the *Actual on Hand* column, adjust your inventory to what you currently have on hand.
- When all doses are changed correctly, select *Adjust*.
- You may write a comment in the *Comment Box* or leave it blank. Then select *OK*.



North Dakota Immunization Rates

The National Immunization Survey (NIS) results for July 2002 through June 2003 are currently available at www.cdc.gov/nip/coverage. North Dakota's immunization rates are above the national average for all vaccines and series except for varicella and pneumococcal vaccine. North Dakota's immunization rates increased since the previous six months. The following two tables show the results from the previous NIS survey and the results from the current NIS survey.

Estimated Vaccination Coverage With Individual Vaccines and Selected Vaccination Series Among Children 19-35 Months of Age: U.S. National Immunization Survey, January 2002 - December 2002					
	4:3:1	4:3:1:3	4:3:1:3:3	1 + Var	1 + PCV
North Dakota	78.8±6.7	78.8±6.7	77.7±6.7	67.4±6.7	29.5±6.0
U.S. National	78.5±1.0	77.5±1.0	74.8±1.0	80.6±0.9	40.8±1.1

Estimated Vaccination Coverage With Individual Vaccines and Selected Vaccination Series Among Children 19-35 Months of Age: U.S. National Immunization Survey, July 2002 - June 2003					
	4:3:1	4:3:1:3	4:3:1:3:3	1 + Var	1 + PCV
North Dakota	84.6±5.3	84.6±5.3	83.9±5.4	71.7±5.8	50.8±6.5
U.S. National	80.7±0.9	79.8±0.9	77.9±1.0	82.5±0.9	59.1±1.1

- **4:3:1** - Four or more doses of DTP, three or more doses of poliovirus vaccine, and one or more doses of any MCV.
- **4:3:1:3** - Four or more doses of DTP, three or more doses of poliovirus vaccine, one or more doses of any MCV, and three or more doses of Hib.
- **4:3:1:3:3** - Four or more doses of DTP, three or more doses of poliovirus vaccine, one or more doses of any MCV, three or more doses of Hib, and three or more doses of HepB.
- **1 + Var** - One or more doses of varicella at or after child's first birthday, unadjusted for history of varicella illness.
- **1 + PCV** - Three or more doses of pneumococcal conjugate vaccine.

Immunization rates for varicella vaccine probably will increase in North Dakota now that varicella vaccine is required for school and early childhood facility entry. Low pneumococcal immunization rates are most likely due to the shortage of Prevnar®.

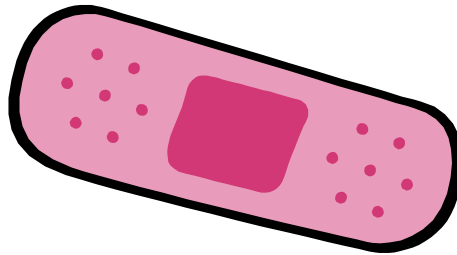
Thank you to all providers and local public health units for working to achieve high immunization rates in North Dakota.



**Congratulations to the Following Prevention Partnership
Providers for Outstanding Immunization Rates for the
4:3:1:3:3 Series in 2003**

The following clinics or local public health units had immunization rates above 80 percent for 2003 as reported via AFIX results, but were inadvertently not included in the *Winter 2004 Immunization Newsletter*.

- Altru Health Clinic Family Medicine - Grand Forks
 - Medcenter One - Dickinson
- Altru Health Clinic Pediatrics - Grand Forks
 - Family Medical Center South - Bismarck
- Lamoure County Health Department - Lamoure



TriHIBit® Information

TriHIBit® is a combination vaccine that contains DTaP and Hib components. The DTaP component (Tripedia®) is used to reconstitute the Hib component (ActHIB®). No other brands of DTaP or Hib should be combined into one vaccine. TriHIBit® has a single lot number. The lot numbers of the separate DTaP and Hib components should not be used. Also, TriHIBit® has a single expiration date that should be followed. The expiration dates for the DTaP and Hib components are different. Providers should only use the DTaP and Hib that are supplied together as TriHIBit®.

TriHIBit® is not approved for use as the primary series at 2, 4 or 6 months of age by the Food and Drug Administration. It is approved for use as the fourth dose of the DTaP and Hib series. If TriHIBit® is used as a dose in the primary series at 2, 4 or 6 months, the Hib component is invalid and the child should be revaccinated. The DTaP dose may be considered valid.

TriHIBit® is approved as a booster dose. TriHIBit® may be used if the child is older than 12 months **and** has received at least one prior dose of any Hib vaccine at least two months earlier **and** TriHIBit® will be the last dose of the series. TriHIBit® should not be used if the child has received no prior doses of Hib vaccine.



Questions & Answers

1. Can vaccine be stored in the crisper (bottom drawers) of the refrigerator?
A. No. The National Immunization Program (NIP) recommends that vaccine not be stored in the crisper area of the refrigerator. It is recommended that the drawers be removed from the refrigerator to prevent vaccine from being placed there.
2. Should varicella vaccine be returned to the NDDoH if it is still viable?
A. No. **Viable varicella vaccine should never be returned to the NDDoH.** Notify the NDDoH if your clinic is unable to use viable varicella vaccine. The NDDoH will provide recommendations about where to transfer the vaccine. Wasted or expired varicella vaccine should always be returned to the NDDoH.
3. Is it necessary to vaccinate adults with the pneumococcal polysaccharide vaccine (PPV-23) if they have already been hospitalized or diagnosed with pneumonia?
A. Yes. PPV-23 contains polysaccharide antigen from 23 different types of pneumococcal bacteria. If someone is hospitalized or diagnosed with one type of pneumococcal bacteria, he or she is still at risk for other types of pneumococcal bacteria covered by the vaccine.
4. Should coolers used for shipping vaccine from manufacturers be returned to the NDDoH?
A. No. Coolers that providers receive from manufacturers should not be returned to the NDDoH. They may be discarded. This includes varicella vaccine coolers. Coolers that are from the NDDoH should be returned to the NDDoH.
5. Can hepatitis B vaccine be administered subcutaneously?
A. No. Hepatitis B vaccine must be given intramuscularly or the dose is invalid and should be repeated.

How To Protect Your Vaccine Supply Video

The National Immunization Program (NIP) has developed a video about vaccine storage and handling called *How To Protect Your Vaccine Supply*. The videotape is free from the NIP and may be ordered by contacting www.cdc.gov/nip.

2004 Immunization Schedule

The January - June *2004 Recommended Childhood and Adolescent Immunization Schedule* is currently available from the National Immunization Program at www.cdc.gov/nip. The NDDoH will be ordering the July - December schedule for all Prevention Partnership Providers.

National Infant Immunization Week

National Infant Immunization Week (NIIW) is April 25 through May 1, 2004. The theme for NIIW this year is "Vaccination: An Act of Love." "Love them. Protect them. Immunize them." NIIW is an annual observance held to promote the benefits of immunizations and to improve the health of children age 2 or younger.

For more information about NIIW, visit www.cdc.gov/nip/events/niiw/default.htm. The website has brochures, posters, stickers and other materials about NIIW. Also available are ideas about how to plan a NIIW event in your area, as well as sample public service announcements (PSAs).

2003-2004 Influenza Season

As of the week ending April 3, 2004, 1,660 cases of influenza had been reported to the NDDoH. The reported cases included the following subtypes:

- 0 influenza A (H1N1) viruses
- 74 influenza A (H3N2) viruses
- 944 untyped influenza A viruses
- 14 influenza B viruses
- 628 undifferentiated influenza viruses

The age range of the reported cases is 11 days to 102 years. The gender breakdown of the reported cases is males — 51 percent; females — 49 percent. The number of influenza reports peaked during the week ending Dec. 13, 2003, with 291 reported cases. No reports of any pediatric deaths related to influenza during the 2003-2004 influenza season have been received thus far.



Every Child By Two Visits North Dakota June 9

Former First Lady of the United States **Rosalynn Carter** and Former First Lady of Arkansas **Betty Bumpers** will visit North Dakota in June to promote immunizations. The first ladies founded the organization Every Child By Two (ECBT) in 1991. ECBT strives to raise awareness of the critical need for timely immunizations and the need to establish a systematic method to ensure the immunization of all of America's children by the age of 2.

ECBT representatives will be visiting North Dakota to promote immunization coalitions and the North Dakota Immunization Information System (NDIIS) and to highlight immunization successes in North Dakota. A luncheon hosted by the *Greater Grand Forks Immunization Coalition* will be held on June 9 for anyone who would like to attend. Details about the luncheon have not been finalized; more information will be sent as soon as it becomes available.

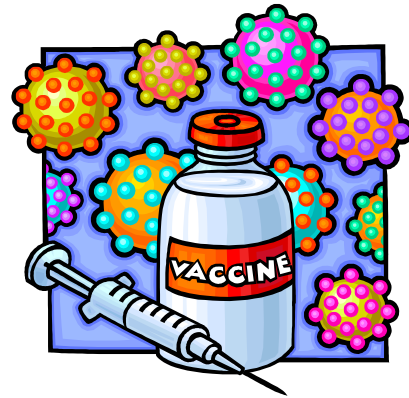
The NDDoH and *Greater Grand Forks Immunization Coalition* would like to honor providers and local public health units in North Dakota who have significantly contributed to the success of immunizations in North Dakota. Please contact Heather Weaver at 701.328.2035 or Kathy Dunn at 701.787.8100 if you know of a provider who has implemented an innovative and successful immunization program in your area or who has had an outstanding immunization success.

Upcoming Events:



- 2004 National Infant Immunization Week (NIIW): **April 25 - May 1**
- 38th National Immunization Conference in Nashville, Tenn.: **May 11 - May 14**
- Every Child By Two Visit in Grand Forks: **June 9**
- National Adult Immunization Awareness Month: **August**
- 6th National Conference on Immunization Coalitions in Norfolk, Va.: **September 20 - 22**
- National Adult Immunization Awareness Week (NAIAW): **September 26 - October 2**

The *Immunization Newsletter* is a quarterly publication distributed to Prevention Partnership Providers.



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